IN THE SPECIFICATION

Please insert the Sequence Listing provided herewith into the application.

Please amend paragraphs [0224], [0243], and [0262] as shown below.

[0224] The analysis of a plurality of markers may be carried out separately or simultaneously with one test sample. For separate or sequential assay of markers, suitable apparatuses include clinical laboratory analyzers such as the ElecSys ELECSYS® (Roche), the AxSym AXSYM® (Abbott), the Access ACCESS® (Beckman), the ADVIA® CENTAUR® (Bayer) immunoassay systems, the NICHOLS ADVANTAGE® (Nichols Institute) immunoassay system, etc. Preferred apparatuses or protein chips perform simultaneous assays of a plurality of markers on a single surface. Particularly useful physical formats comprise surfaces having a plurality of discrete. adressable locations for the detection of a plurality of different analytes. Such formats include protein microarrays, or "protein chips" (see, e.g., Ng and Ilag, J. Cell Mol. Med. 6: 329-340 (2002)) and certain capillary devices (see, e.g., U.S. Patent No. 6,019,944). In these embodiments, each discrete surface location may comprise antibodies to immobilize one or more analyte(s) (e.g., a marker) for detection at each location. Surfaces may alternatively comprise one or more discrete particles (e.g., microparticles or nanoparticles) immobilized at discrete locations of a surface, where the microparticles comprise antibodies to immobilize one analyte (e.g., a marker) for detection.

[0243] Immunoassays were performed on a TECAN Genesis RSP 200/8 Workstation. Biotinylated antibodies were pipetted into microtiter plate wells previously coated with avidin and incubated for 60 min. The solution containing unbound antibody was removed, and the cells were washed with a wash buffer, consisting of 20 mM borate (pH 7.42) containing 150 mM NaCl, 0.1% sodium azide, and 0.02% Tween TWEEN®-20 surface active agent. The plasma samples (10 μL) were pipeted into the microtiter plate wells, and incubated for 60 min. The sample was then removed and the wells were washed with a wash buffer. The antibody- alkaline phosphatase conjugate was then added to the wells and incubated for an additional 60 min, after which time, the antibody conjugate was removed and the wells were washed with a wash buffer. A substrate,

(AttoPhos ATTOPHOS® alkaline phosphatase substrate, Promega, Madison, WI) was added to the wells, and the rate of formation of the fluorescent product was related to the concentration of the marker in the patient samples. In the alternative, markers were measured by commercially available immunoassays on appropriate platforms.

[0262] The present invention relates to methods for the diagnosis and evaluation of subclinical atherosclerosis acute coronary syndromes. In particular, a blood, serum, or plasma sample obtained from a patient test samples are is analyzed by performing an assay that detects monocyte chemoattractant protein-1, and the result of this assay is correlated to the risk of the presence or absence of subclinical atherosclerosis in the patient for the presence and amount of members of a panel of markers comprising one or more specific markers for myocardial injury and one or more non-specific markers for myocardial injury. A variety of additional risk factors and markers are disclosed for assembling a panel of markers may be used in combination with a monocyte chemoattractant protein-1 assay result for such diagnosis and evaluation. In various aspects, the invention provides methods for the early detection and differentiation of stable angina, unstable angina, and myocardial infarction. Invention methods provide rapid, sensitive and specific assays that can greatly increase the number of patients that can receive beneficial treatment and therapy, reduce the costs associated with incorrect diagnosis, and provide important information about the prognosis of the patient.